



SAN ANTONIO METROPOLITAN HEALTH DISTRICT MONTHLY VACCINE/TOXOID/BIOLOGICAL INVENTORY BY LOT NUMBER

Inventory for the month / year of _____

Provider/Clinic: _____ VFC Code: _____

Address: _____

Person Completing Report: _____ Phone: _____

Type of Vaccine/Toxoid/Biological	Lot Number	Expiration Date	Number of Vials	Total Doses
DTaP				
	Grand Total Number of Doses:			
DT				
	Grand Total Number of Doses:			
TD				
	Grand Total Number of Doses:			
Hib				
	Grand Total Number of Doses:			
IPV				
	Grand Total Number of Doses:			
MMR				
	Grand Total Number of Doses:			
Hepatitis B Preservative Free				
	Grand Total Number of Doses:			
Hepatitis A				
	Grand Total Number of Doses:			
Varicella				
	Grand Total Number of Doses:			
Pevnar				
	Grand Total Number of Doses:			
Other				
	Grand Total Number of Doses:			

If any of the above biologicals cannot be used within 1 month prior to expiration date, please notify the Immunization Division at ☎ 921-1178 or 921-1179 or by Fax 922-9938.

Instructions: Use a separate line for each size vial and each lot number of biological. Complete each column. Expired biologicals should be listed on this form and noted as expired.

This form is to be submitted by the **8th** of each month following the reporting period. Completed consent forms and refrigerator temperature logs should also be submitted with this form.